

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
Health Occupations Credentialing
APPLICATION FOR
KANSAS DIETITIAN LICENSE

Circle type of license. Enclose non-refundable fee: Certified, Business/Corporate Check or Money Order payable to KDHE.

Temporary: \$70.00

Full: \$140.00

Reciprocal: \$140.00

****See attached fee schedule. Fees are pro-rated for partial year licenses. Personal checks are accepted; license may be subject to action if checks are found to invalid or insufficient funds.**

Discover Card may be used for payment of fees. Charge authorization form must be completed and signed.

Applicant Information

Name: _____
Last First Mi Other

Address: _____
Street / Route / Box / Apt # City State Zip

Phone: work (____) _____ home (____) _____ Birthdate: ____ / ____ / ____ SSN _____
(attach a copy of your Social Security Card or document bearing your name and Social Security number)

Education- List

College/University	Degree	Date Conferred
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

• Transcripts must be sent by the college/university directly to Health Occupations Credentialing.

• The college/university must be regionally accredited by the United States Department of Education with the American Dietetics Association (ADA) approved program. If you hold a degree or completed course work from a non-accredited institution, you must complete Supplement A. *(request from the department)*

• Degrees or transcripts received from schools outside the United States or it's territories must be translated and/or evaluated by a validating agency.

Dietetic Experience

I have satisfactorily completed a 900 clock hour supervised dietetic experience. (May include Coordinated Undergraduate Program (CUP)), internship, preprofessional practice program, or other ADA approved training program or a program deemed equivalent by the Secretary of Health and Environment.

Facility: *(College or Institution)* _____

Address: _____

Supervisor: _____ Date Completed: _____

• Enclose documentation of completion of approved ADA supervised dietetic experience or submit a copy of your Commission on Dietetic Registration (CDR) card.

• If applicant had not completed an approved ADA dietetic experience, request, complete, and submit Supplement B. *(request from the department)*

Test Requirement

Check all that apply:

_____ I am applying for a full license with a fee of \$140.00. A copy of my CDR card is enclosed.

_____ I am applying for a temporary license with a fee of \$70.00. I am scheduled to take the CDR test and I will send a copy of my score report when I receive it.

_____ I am applying for a full license with a fee of \$140.00. I am scheduled to take the CDR test and I will send a copy of my score report when I receive it.

License in Another State

List all states in which you have ever held a dietitian license:

State: _____ State: _____ State: _____

State: _____ State: _____ State: _____

For each state, complete Part I of the *Verification of License*, request that the state board complete Part II and return verification to KDHE.

Disciplinary Action

- This information is required under Kansas law: *KSA 65-3503(a)*

Has any license, certification, or registration issued by Kansas or another state or entity been denied, refused for renewal, suspended, revoked or subjected to any other disciplinary action? **Y / N**

If YES, please explain:

Have you ever been convicted of a crime by any court (including Kansas), or any federal court of the United States? **Y / N**

If YES, please indicate:

Date of conviction: _____

City, County and State of conviction: _____

Crime of which convicted: _____

I do hereby attest that the information supplied in this application and any attachment is accurate and complete to the best of my knowledge. I do hereby give permission to the board to verify any information provided in this application and attachments. I understand that the application fee is non-refundable should I not meet licensure qualifications.

@ NOTE: Applicant's signature MUST be notarized

I, _____, of lawful age, being first duly sworn, on oath, depose and confirm the above to be a true statement.
(Applicant's Signature)

<p style="text-align: center;">NOTARIZATION BOX</p> <p>SUBSCRIBED AND SWORN TO before me, the undersigned authority, on this _____ day of _____, 200____.</p> <p style="text-align: center;">_____ (Notary Public)</p> <p>My appointment expires_____.</p>
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Submit application, fee and supporting documents to:

HealthOccupations Credentialing - Licensing Section
Kansas Department of Health and Environment
1000 SW Jackson, Suite 200
Topeka, Kansas 66612-1365